

EPINEPHRINE 1 MG/1000 ML (1 MCG/ML) INFUSION

ACTION: Inotropic, Chronotropic

- Catecholamine (sympathomimetic)
- Dose dependent stimulation of alpha, beta and dopaminergic receptors.

INDICATIONS

Hypotension due to:

- Cardiogenic shock.
- Distributive shock: Neurogenic and anaphylactic shock.
- Symptomatic bradycardias unresponsive to other treatments such as atropine and pacing.

CONTRAINDICATIONS

- None in life threatening situation

POTENTIAL SIDE EFFECTS

- Tachydysrhythmias including V-Tach and V-Fib
- Hypertension
- Nausea and vomiting
- Extravasation causes tissue necrosis
- Chest pain, ischemia, and acute MI exacerbation

ADULT DOSE/ROUTE

⇒ Cardiogenic or distributive shock: Inject 1 mg (1:1000 OR 1:10,000) epinephrine into 1000 ml of 0.9% sodium chloride. Infuse at ~10-20 ml/min 2-3 drips/second (10-20 ml/min) using the 10 drip/ml drip chamber. If SBP>90 mm Hg, use roller clamp to slow rate.

PEDIATRIC DOSE/ROUTE

- ⇒ Inject 1mg (1:1000 OR 1:10,000) epinephrine into 1000 ml of 0.9% sodium chloride. Connect the liter bag to a Buretrol.
- ⇒ Fill a Buretrol with 100 ml of the mixed solution.
- ⇒ Run the infusion at 0.3 mL/kg/min, which is 0.3 drops/kg/second using the drip chamber. Use roller clamp to adjust rate as necessary to achieve normotension. If the patient is greater than 20kg, see adult dosing.

NOTES

- Do not infuse in same line with sodium bicarbonate
- Ensure that the patient is not hypovolemic before infusing dopamine
- Label bag clearly to prevent rapid infusion
- Microdrip chambers have 60 drips per mL, so the drip rate per second is the same as the flow rate in ml per minute. EXAMPLE: 5 ml/min = 5 drops/second.